

EXHIBIT 37



P-PUB-0196

From: Chris Hewell <Chris.Hewell@publix.com>
Sent: Tuesday, May 03, 2016 2:08 PM
To: Dodes, Norman; Melendez, Elvira; Samuels, Latoya
Cc: Chris Hewell
Subject: FW: Pharmacy Controlled Substance Threshold Change Request Form

Please review the threshold request below.

Thank you,

Chris Hewell
Manager of Procurement
Publix Super Markets, Inc.
P.O. Box 407
Lakeland, FL 33802
Phone: (863) 688-1188, ext. 54118
Fax: (863) 616-5891
email: chris.hewell@publix.com

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From: Mike Chavez
Sent: Monday, May 02, 2016 6:42 PM
To: Pharmacy 0786
Cc: Chris Hewell
Subject: RE: Pharmacy Controlled Substance Threshold Change Request Form

approved

Mike Chavez, RPh
Pharmacy Supervisor
Publix Super Markets, Inc.
770-952-6601 ext. 3615
404-925-4782 cell

From: Pharmacy 0786
Sent: Monday, May 02, 2016 6:40 PM
To: Mike Chavez
Cc: Chris Hewell
Subject: Pharmacy Controlled Substance Threshold Change Request Form

Pharmacy Controlled Substance Threshold Change Request

Date: 05/02/2016
Store #: 0786
Name of Requesting Pharmacist: Donna L ALDRICH
Store Address: 100 Glenda Trce
Newnan, GA 30265-3863
Pharmacy DEA #: BP7582946

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Confidential

Anda_Opioids_MDL_0000343326

P-01385_1

P-PUB-0196

McKesson Account #: 100122475

Description of Product/Molecule: Cycodone

Desired Threshold Increase: 20%

**Reason for Change Request
(with supporting documentation):** We have met our threshold and need to increase to meet our customer's needs